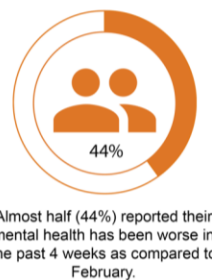
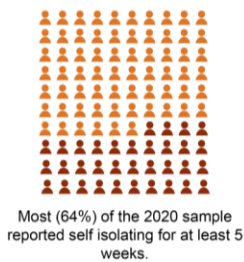


# Impacts of COVID-19 and associated restrictions on people who use illicit stimulants in Australia: Preliminary findings from the Ecstasy and Related Drugs Reporting System 2020

Amy Peacock, Olivia Price, Paul Dietze, Raimondo Bruno, Caroline Salom, Simon Lenton, Rosie Swanton, Julia Uporova, Antonia Karlsson, Roanna Chan, Daisy Gibbs, Jodie Grigg, Catherine Daly, Cristal Hall, Tanya Wilson, Louisa Degenhardt & Michael Farrell

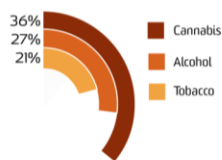
## Key findings from the first half of the sample:

### COVID-19 BEHAVIOURS



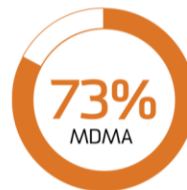
### CHANGES IN DRUG USE DURING COVID-19

MDMA > Alcohol  
MDMA > Cannabis

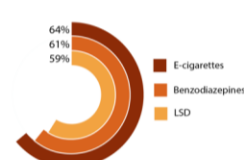


One-third (35%) reported the main drug they used in the past month was different to that in February. Most common was swapping from MDMA to alcohol or cannabis.

Drugs most frequently endorsed as increased in use (i.e. used more or started using).



MDMA was the most frequently endorsed drug that decreased in use (i.e. used less or stopped using) since COVID-19 restrictions.

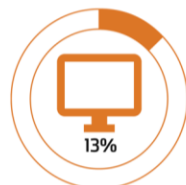


Drugs most frequently endorsed as no change in use since COVID-19 restrictions.

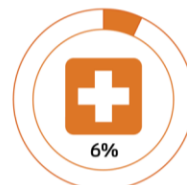
### OTHER BEHAVIOURS DURING COVID-19



Compared to before COVID-19, the majority of people said availabilities of drugs were unchanged. Of them all, availability of MDMA and cocaine was reported to be the most affected.



One in 10 (13%) looked for info about reducing risk of COVID-19 or managing impacts of restrictions on drug access or use.



Few (6%) reported difficulties accessing services for alcohol/drug support since March.



Harm reduction behaviours relating to COVID-19.

## Background

- The COVID-19 pandemic and restrictions on travel and gathering have likely had [major impacts](#) on drug supply, use and harms [1] and there have been [significant challenges](#) with delivery of drug treatment and harm reduction services [2].
- People who use drugs may also be at increased risk of COVID-19 transmission because of the social nature of drug procurement and use.
- There have been urgent calls for evidence regarding the experiences of people who use drugs during the COVID-19 pandemic to inform public health efforts.
- The [Ecstasy and Related Drugs Reporting System \(EDRS\)](#) is an illicit drug monitoring system which has operated in Australia since 2003, and includes annual interviews with people who regularly use ecstasy and other illicit stimulants [3].
- Recognising the critical need for information, the EDRS project has been adapted to collect important data on people's experiences during COVID-19.
- **This output represents preliminary findings from the first half of the sample: 389 interviews (50 ACT, 39 NT, 50 NSW, 50 QLD, 50 SA, 50 TAS, 50 VIC, 50 WA) conducted from 25<sup>th</sup> April to 10<sup>th</sup> June 2020. Analysis of the complete sample is to be released late July.**

## Methods

- EDRS interviews are conducted with a sentinel sample of people aged 18 or older who have used ecstasy and other illicit stimulants at least once monthly in the preceding six months and resided in a capital city for the last 12 months.
- Participants are recruited via social media and peer referral, complete a one hour interview, and are reimbursed \$40 for time and expenses.
- In 2020, interviews were completed via phone or videoconference (instead of face-to-face) and participants were reimbursed electronically to manage risk of COVID-19 transmission.
- The interview length was reduced and content adapted to include COVID-19 specific items, anchored to implementation of restrictions in Australia at the beginning of March 2020. The study protocol remained otherwise unchanged.
- The sample interviewed to date are demographically similar to those recruited in 2019 and in earlier years, being mostly male (64%) and young (median age 23; IQR 20-27). However, the median age of the 2020 sample was slightly older compared to the 2019 sample (median 22, IQR 19-26).

## Preliminary Results

### *Social impacts of COVID-19*

- 13% said their living situation had changed since the beginning of March 2020.
- 24% said they were receiving more income (from any source) in the past month as compared to the month of February 2020, 42% less money, and 34% a similar amount.

## Preliminary Results Continued

### Experience of COVID-19 testing, diagnosis and restrictions

- 8% said they had been tested for COVID-19. None had been diagnosed with COVID-19.
- 84% reported home isolation (i.e., staying at home and only leaving for essential activities) and 7% being in quarantine since March 2020.
- At interview, the majority (64%) had been practicing home isolation for  $\geq 5$  weeks.
- 29% were currently worried about contracting COVID-19.

### Changes in drug use with COVID-19 restrictions

- 35% of participants reported that the main drug they used in the past month was different to the main drug they used in February 2020. The most common change was from reporting ecstasy/MDMA in February to cannabis in the past month.
- 71% reported a change in frequency of use of ecstasy/MDMA and related drugs in the past month relative to frequency of use in February 2020. The majority of these (82%) reported reducing or ceasing their use.
- Participants who reported past six month use of each drug were asked about changes in their use since the beginning of March 2020 compared to before. Participants most commonly reported reducing use of ecstasy/MDMA, and no change in use of benzodiazepines, e-cigarettes and LSD (Figure 1).
- Primary reasons cited for decreasing use comprised fewer opportunities to be with people/go out and “didn’t feel like it”, and for increasing use comprised “more bored” and “more time”, although these vary across substances.

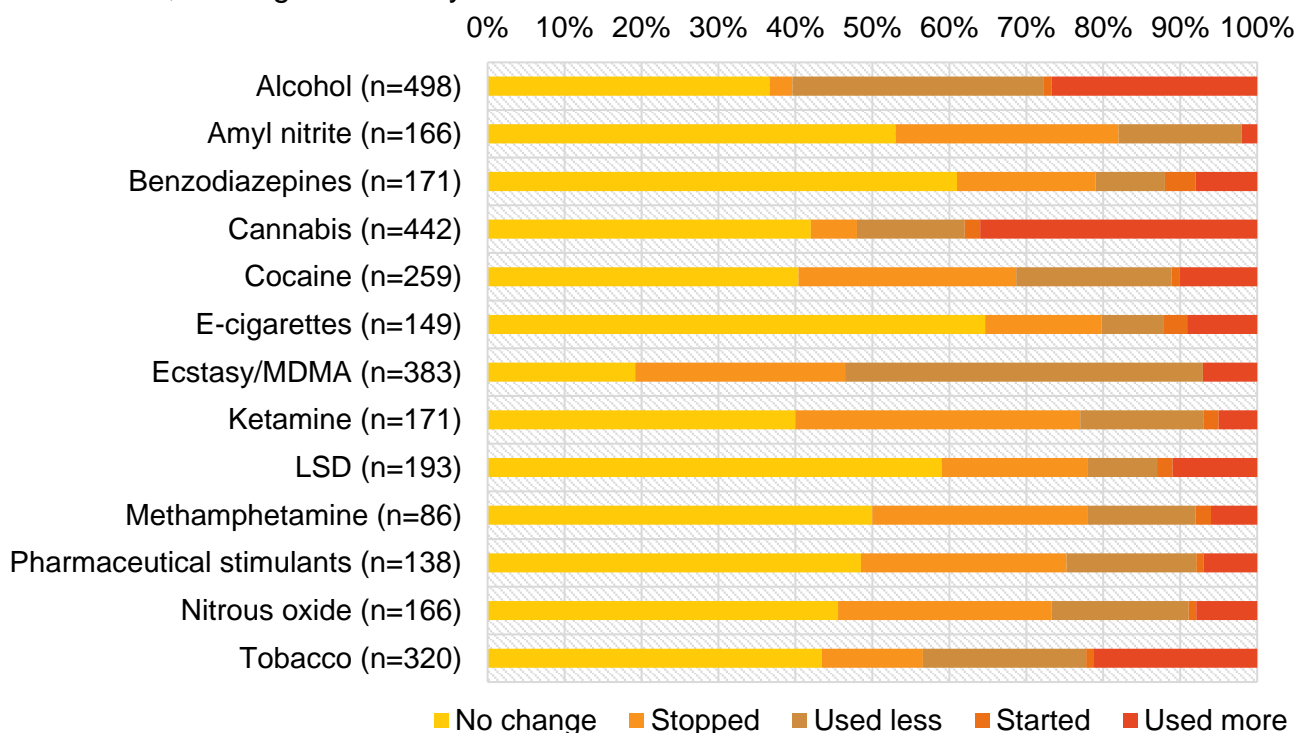


Figure 1. Change in drug use since March 2020 compared to before amongst people who report use in the past six months. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

## Preliminary Results Continued

### Perceived availability of substances

- Participants were asked about the perceived availability of substances since March 2020 as compared to before (Figure 2).
- Participants most commonly reported MDMA pills as harder to obtain, and cannabis (both bush and hydro forms) as relatively stable.
- 23% of participants reported being concerned about not being able to access illicit drugs because of COVID-19 restrictions.

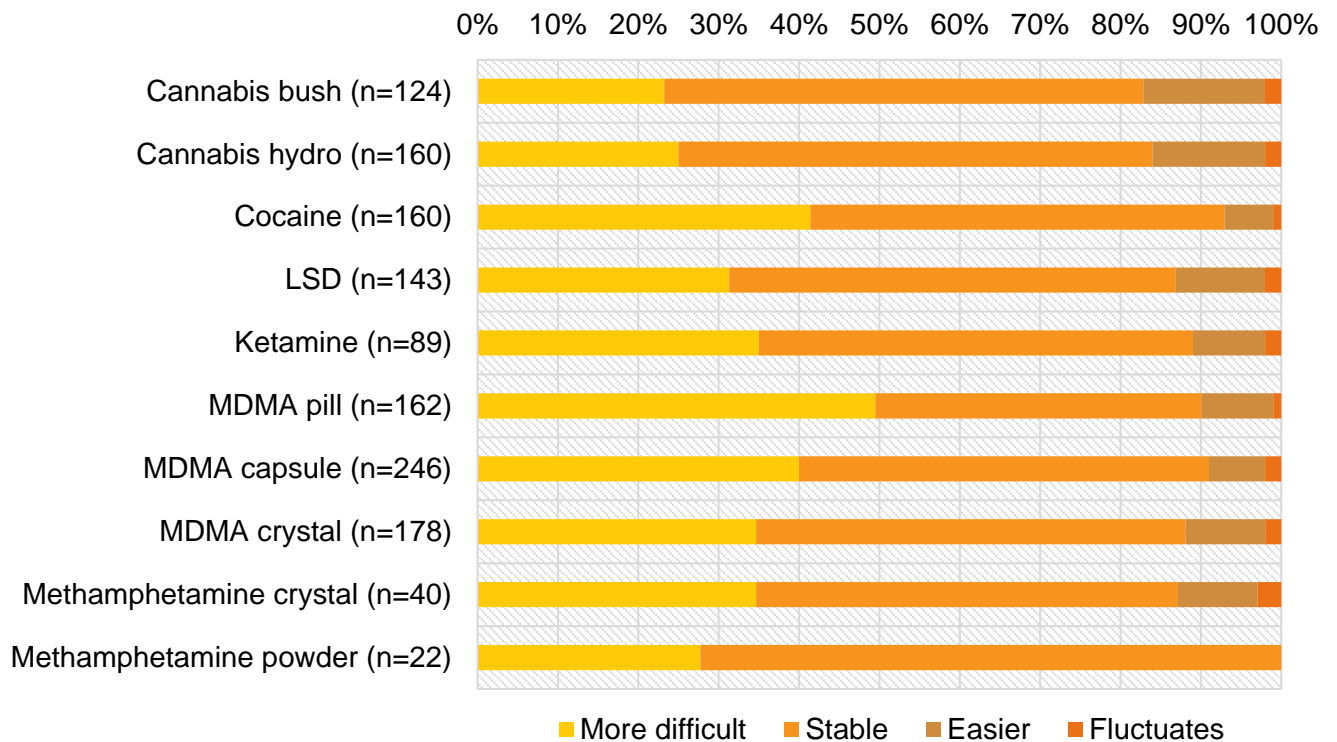
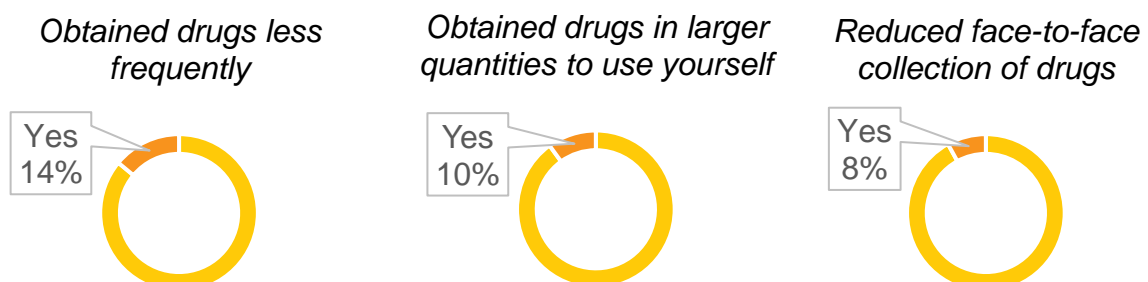


Figure 2. Change in perceived availability since March 2020 as compared to before, amongst those confident commenting. 'Don't know' responses are excluded.

### Obtaining illicit drugs

- 63% reported no change in their means of obtaining illicit drugs since the beginning of March 2020.
- Most common changes in means of obtaining illicit drugs since March 2020 reported amongst the total sample were:



## Preliminary Results Continued

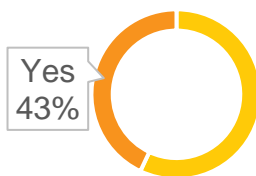
### Physical and mental health

- 19% reported experiencing a stimulant adverse event in the past 12 months (16% before March, 2% since March, and 1% both before and since March).
- 7% reported being in drug treatment in the past 6 months (5% before March, 1% since March, and <1% both before and since March).
- 6% reported any difficulties in accessing health services for alcohol and/or drug support since March.
- 44% rated their mental health as worse in the past month compared to February 2020; 33% rated it as similar, and 22% as better.

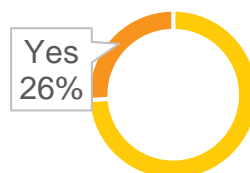
### Precautions to reduce COVID-19 transmission and impacts of restrictions on drug acquisition and use

- 13% of participants reported directly seeking information on reducing COVID-19 transmission risk while using drugs or how to avoid impacts of restrictions on drug procurement and use. Common sources of information were social media and online factsheets and forums.
- Participants were asked about changing a range of behaviours explicitly to reduce COVID-19 transmission risk or impacts of restrictions when using or acquiring drugs. Most commonly endorsed responses include:

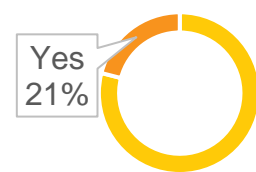
*Washed hands before handling drugs/money*



*Avoided sharing drug use equipment (e.g. pipes, bongs; excluding injecting equipment)*



*Prepared drugs themselves*



## Conclusions

- Most participants reported no change or a decrease in their drug use since COVID-19 restrictions compared to before March 2020, although changes in use varied by drug. Perceptions of drug availability were mostly that it remained stable.
- Participants reported negative impacts on mental health, but did not report difficulties engaging with services for alcohol and drug-related reasons, and had sought information about practices to reduce the risk of COVID-19 transmission while using drugs.
- It is critical to continue to monitor impacts, particularly amongst those populations who report more regular or dependent use of drugs (e.g., through the [Illicit Drug Reporting System](#) and [SuperMIX](#) interviews with people who regularly inject drugs).
- Data from the complete EDRS sample will be reported on in future outputs.



## References

1. Dietze, P. & Peacock, A. (2020). [Illicit drug use and harms in Australia in the context of COVID-19 and associated restrictions: anticipated consequences and initial responses](#). Drug and Alcohol Review.
2. Dunlop, A., et al (2020). [Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic](#). Harm Reduction Journal, 17, 1-7.

## Participating Researchers and Research Centres

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Cristal Hall, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Catherine Daly and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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